Effective October 1, 2003 16 7 72 56 0													
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA				
TO	OTAL CLAIMS		U		·		RAT	Έ	FEE	7	RATE	FEE	
FC	DR .	· · · · · · · · · · · · · · · · · · ·	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	() mi	กบร 20=	$\cdot \varphi$		XS	9=		OR	X\$18=	1	
INDEPENDENT CLAIMS			/ m	inus 3 =	1		X43	_		1	X86=	- /	
ML	ATIPLE DEPE	NDENT CLAIM P	RESENT		۲.		1			OR			
* If the difference in column 1 is less than zero, enter "0" in column						column 2	+14	5=		OR	±290=	,	
•						TOT	AL	· ·	OR	TOTAL	m		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL E	NTITY	OR	OTHER SMALL		
ENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER JUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 11	Minus	-2	0	- /	XS S)=	\mathcal{T}	OR	X\$18=		
AME	Independent	<u> - </u>	Minus	3	<u>3</u>	-/	X43	- 1	1	OR	X86=		
			MULTIPLE DEPENDENT CLAIM				+145		1		+290=	-/-	
	11-2	1-21-05						TAL	/	OR OR	TOYAL	/	
		(Column 1) (Column 2) (Column 3)								JON ,	ADDIT. FEE	/	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	EST BER WSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z Z	Total	. 3	Minus	<u>-</u> J	0	- /	X\$ 9	-	,	OR	X\$18=		
AME			Minus			= /	X43	.	T	OR	X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.	.	OR	+290=		
		•				•	10		-	00	TOTAL	•	
		ADDIT, F	EE L		, ,	ADDIT. FEE							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colum MIGHE NUMB PREVIO PAID F	IST IER USLY	(Column 3) PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	• ·	Minus	•		.	X\$ 9			OR	X\$18=		
AME	Independent	• .	Minus	***		8	X43=	+			=38X		
Ц	FIRST PRESE	NTATION OF MIL	ILTIPLE DEF	PENDENT	CLAIM			╅		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN TMIS SPACE is less than 20, enter "20." APPLY SEE										OR (+290= TOTAL		
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADDIT. FEE												

Application or Docket Number